

**New Jersey Department of Health and Senior Services  
Infectious and Zoonotic Disease Program  
PO Box 369  
Trenton, NJ 08625-0369**

**LOW-COST SPAYING AND NEUTERING PROGRAM  
SUPPLY REQUISITION**

*Complete and mail to above address. Retain a copy for your records.*

Requested By (Print Name)	Date
Name of Hospital	
Mailing Address	

Items Requested	Quantity Requested	STATE USE ONLY Quantity Shipped
Hospital Forms		
Invoices (APC-7).....	_____	_____
Sterilization/Consent (APC-5) .....	_____	_____
Proxy Authorization (VPH-39) .....	_____	_____
Pre-Addressed Envelopes .....	_____	_____
Supply Requisition Forms.....	_____	_____

FOR STATE USE ONLY		
Order Received	Filled By	Date

Distribution: Original-NJDHSS    Copy-Agency